



FILED
JAMES BONINI
CLERK

Department of the Treasury
Federal Law Enforcement Agencies

PROCESS RECEIPT AND RETURN

PLAINTIFF United States of America		COURT CASE NUMBER 1:01-cv-714 (Weber)	
DEFENDANT RP Known and numbered as 1704 Hidden Hills et.al. Defendants		TYPE OF PROCESS sum comp notice	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE Evelyn M. Schaefer		
	ADDRESS (Street or RFD, Apartment No., City, State and Zip Code) 7768 Compton Lake Drive Apt. D Cincinnati, Ohio 45231		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Kathleen M. Brinkman Assistant U.S. Attorney U.S. Attorney's Office 221 East Fourth Street, Suite 400 Cincinnati, Ohio 45202		NUMBER OF PROCESS TO BE SERVED IN THIS CASE	3
		NUMBER OF PARTIES TO BE SERVED IN THIS CASE	
		CHECK BOX IF SERVICE IS ON USA	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE. (Includes Business and Alternate Addresses, Telephone Numbers, and Estimated Times Available For Service): Please serve notice of this civil forfeiture action on the potential claimant by certified mail, return receipt requested.			
Signature of Attorney or other Originator requesting service on behalf of <i>[Signature]</i>		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NO. 513-684-3711 DATE 11/24/03
SIGNATURE AND DATE OF PERSON ACCEPTING PROCESS:			
SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY			
I acknowledge receipt for the total number of process indicated.	District of Origin No.	District to Serve No.	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER <i>[Signature]</i> AFC DATE 12-01-03
I HEREBY CERTIFY AND RETURN THAT I <input type="checkbox"/> PERSONALLY SERVED, <input type="checkbox"/> HAVE LEGAL EVIDENCE OF SERVICE, <input type="checkbox"/> HAVE EXECUTED AS SHOWN IN REMARKS, THE PROCESS DESCRIBED ON THE INDIVIDUAL, COMPANY, CORPORATION, ETC., AT THE ADDRESS SHOWN ABOVE OR ON THE ADDRESS INSERTED BELOW.			
<input type="checkbox"/> I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.			
NAME & TITLE OF INDIVIDUAL SERVED IF NOT SHOWN ABOVE:		<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
ADDRESS: (Complete only if different than shown above)		DATE OF SERVICE 12-05-03	TIME OF SERVICE 4:45 PM <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
		SIGNATURE, TITLE AND TREASURY AGENCY <i>[Signature]</i> SAC	
REMARKS: ON DECEMBER 2, 2003 THE STATED DOCUMENTS WERE SENT, VIA CERTIFIED MAIL, TO EVELYN SCHAEFER. THE RETURN RECEIPT (i.e. GREEN CARD) WAS RECEIVED ON 12-05-03 SHOWING THAT SHE RECEIVED THE CERTIFIED MAIL.			

TD F 90-22.48 (6/96)

WHITE COPY - RETURN TO COURT

CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Case 1:01-cv-00714-TJW-TSH

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7000 0520 0013 4454 1462

Postage	\$ 2.44
Certified Fee	\$ 2.30
Return Receipt Fee (Endorsement Required)	\$ 1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.19

Postmark Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)
EVELYN M. SCHAEFER
Street, Apt. No.; or PO Box No.
7768 Compton Lake Dr., Apt D
City, State, ZIP+ 4
Cincinnati OH 45231

PS Form 3800, February 2000 See Reverse for Instructions

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional service.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

If also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Evelyn M. Schaefer
7768 Compton Lake Dr.
Apt. D
Cincinnati, OH 45231

4a. Article Number

7000 0520 0013 4454 1462

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Evelyn M. Schaefer*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

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